है और क्या हिन्दुस्तान में उतना अनाज पैदा हो रहा है, कि हम प्रति व्यक्ति उतना उपलब्ध करा सकें? मेरी जानकारी के अनुसार ...(**व्यवधान**)...

श्री सभापति: आप जानकारी मत दीजिए, इनका उत्तर सुन लीजिए। ...(**व्यवधान**)...

डा॰ मुरली मनोहर जोशी: मैं केवल यह पूछना चाहता हूं ...(**व्यवधान**)... कि क्या दो सौ किलोग्राम प्रति व्यक्ति, प्रति वर्ष आप उपलब्ध करा रहे हैं?

श्री सभापति: यदि आपको जानकारी हो तो जवाब दे दीजिए।

डा॰ मुरली मनोहर जोशी: बाद में दे देना।

डा॰ अखिलेश प्रसाद सिंह: हां ठीक है।

*86. [The questioner Shri T.T.V. Dhinakaran was absent. For answer *vide* page 37.]

राजस्थान में 'एम्स' जैसे अस्पताल

*87. **डा॰ प्रभा ठाकुर:** क्या **स्वास्थ्य और परिवार कल्याण मंत्री** यह बताने की कृपा करेंगे कि:

(क) क्या दिल्ली के अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स अस्पताल) की भांति राजस्थान में भी ऐसा ही अस्पताल स्थापित करने की सरकार की कोई योजना है;

(ख) यदि हां, तो क्या उस राज्य में अस्पताल स्थापित करने के संबंध में आवश्यक सर्वेक्षण कर लिया गया है; और

(ग) यह अस्पताल राज्य के किस स्थान पर स्थापित किया जाएगा तथा अस्पताल की अनुमानित लागत और क्षमता क्या निश्चित की गई है तथा अस्पताल का निर्माण कार्य कब से आरंभ हो जाएगा और तत्संबंधी ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्री (डा॰ अन्बूमणि रामदास): (क) से (ग) एक विवरण सदन के पटल पर रख दिया गया है।

विवरण

प्रधान मंत्री स्वास्थ्य सुरक्षा योजना के अधीन अन्य बातों के साथ-साथ, जोधपुर, राजस्थान में अखिल भारतीय आयुर्विज्ञान संस्थान जैसी एक संस्था स्थापित करने का प्रस्ताव है। उक्त संस्थान जोधपुर में सेंट्रल एरिड जोन अनुसंधान संस्थान परिसर में निर्धारित किए गए 100 एकड़ भूखण्ड पर स्थापित करने का प्रस्ताव है। यह संस्था स्थापित किए जाने के लिए स्थान का चयन केन्द्र सरकार द्वारा राजस्थान सरकार द्वारा प्रस्तावित विभिन्न स्थलों का निरीक्षण करने के बाद

राज्य सरकार से परामर्श करके किया गया है। प्रस्तावित अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर के लिए अपेक्षित भूमि अभी राज्य सरकार द्वारा उपलब्ध कराई जानी है और इस मामले को संबंधित प्राधिकारियों के साथ उठाया जा रहा है। अखिल भारतीय आयुर्विज्ञान संस्थान जैसी एक संस्था स्थापित करने के लिए पूंजीगत लागत 286.9 करोड़ रुपए आने का अनुमान लगाया गया है। इस संस्था में 500 बिस्तर वाला अस्तपाल होगा जिसमें अतिरिक्त अति-विशिष्टतायुक्त बिस्तर तथा आई सी यू बिस्तर होंगे और यहां 39 विशिष्टता/अति विशिष्टता विषयों में चिकित्सीय उपचार प्रदान किया जाएगा। यह प्रति वर्ष 100 छात्रों की प्रवेश क्षमता के साथ स्नातक पूर्व चिकित्सा शिक्षा भी प्रदान करेगा तथा भारतीय चिकित्सा परिषद के मानदण्डों के अनुसार प्रवेश क्षमताओं के साथ विभिन्न विशिष्टता/अति विशिष्टता विषयों में स्नातकोत्तर/डॉक्टरी पाठ्यक्रम चलाएगा। प्रधान मंत्री स्वास्थ्य सुरक्षा योजना स्कीम के कार्यान्वयन के लिए आवश्यक स्वीकृतियां प्राप्त की जा रही हैं।

AIIMS like Hospital in Rajasthan

†*87. DR. PRABHA THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have a plan to set up a hospital in Rajasthan, on the lines of the All India Institute of Medicai Sciences in Delhi;

(b) if so, whether necessary survey has been conducted for setting up of hospital in the State; and

(c) the location in the State where the said hospital will be set up and expected cost and capacity fixed for the hospital and by when the construction work for the hospital would begin alongwith details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) A Statement is laid on the Table of the House.

Statement

Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) *inter-alia*, there is a proposal to set up an AIIMS like Institution at Jodhpur, Rajasthan. The Institute is proposed to be set up on a piece of 100 acres of land identified within the Central Arid Zone Research Institute Complex

† Original notice of the question was received in Hindi.

at Jodhpur. The location of the Institution has been selected by the Central Government in consultation with the State Government after inspecting various sites proposed by the Government of Rajasthan. The requisite land for proposed AIIMS, Jodhpur, is yet to be made available by the State Government and the matter is being pursued with concerned authorities. The capital cost for setting up one AIIMS like institution has been estimated at Rs. 286.9 crores. The institution will consist of 500 bedded hospital providing medical treatment in 39 speciality/Super speciality disciplines with additional super-speciality beds and ICU beds. It would also provide under-graduate medical education with 100 intake capacity per year and PG/doctoral courses in various speciality/Super speciality disciplines with admission capacities as per MCI norms. Necessary clearances are being obtained for implementation of the PMSSY Scheme.

डा॰ प्रभा ठाकुर: सभापति जी, राजस्थान में दिल्ली की तरह एम्स अस्पताल खोले जाने के, मेरे प्रश्न के उत्तर में भाग (क) और (ख) में जो जवाब आया है, मैं उससे तो संतुष्ट हूं, लेकिन मेरे प्रश्न के भाग (ग) में जो सवाल था कि ये एम्स अस्पताल, जिसकी लम्बे समय से राज्य के लोगों को आवश्यकता है और प्रतीक्षा है, प्रधानमंत्री की स्वास्थ्य सुरक्षा योजना के अधीन, कई राज्यों की भांति राजस्थान में भी खोले जाने की घोषणा हो चुकी है। मंत्री जी के उत्तर में यह भी आ गया है कि स्थान का चयन केन्द्र सरकार ने राज्य सरकार के परामर्श से जोधपुर में कर लिया है। लेकिन अभी तक निर्माण कार्य आरम्भ नहीं हो सका है। इसकी जो वजह मंत्री जी ने दी है कि अभी राज्य सरकार द्वारा अस्पताल के लिए जो अपेक्षित जमीन है, वह उपलब्ध नहीं कराई गई है। मैं माननीय मंत्री जी से यह जानना चाहती हूं कि राज्य सरकार की ओर से, इस आवश्यक अस्पताल के लिए जमीन उपलब्ध न कराए जाने के पीछे क्या कारण हैं? क्या वे कोई स्थान परिवर्तन करना चाहते हैं, या उन्हें अस्पताल के लिए जमीन ही उपलब्ध नहीं है, या वे जमीन कब तक उपलब्ध करवा रहे हैं, कृपया इस बारे में बताएं?

DR. ANBUMANI RAMDOSS: Sir, firstly, we are going to go ahead with this project. Then, we have a little -- I cannot say it is a problem -- problem about the land which was originally allotted from the Central Arid Zone Research Institute. In fact, there is a case pending before the court. The hon. Chief Minister of Rajasthan met me and my officers are in constant touch with the Government of Rajasthan and the Ministry of Agriculture to sort out this issue which, I am sure, in the coming few months, would be sorted out. Once we get the necessary clearance for

the project, we will go ahead with it. Right now, it is with the CCEA. Once we get a clearance, we will go ahead.

डा॰ प्रभा ठाकुर: सभापति जी, मेरा इस पर एक सप्लीमेंट्री है। माननीय मंत्री जी ने कहा है कि एक महीने में यह निश्चित हो जाएगा, क्या आप हमें यह अश्योर कर सकते हैं कि ऐसा हो जाएगा? मैं माननीय मंत्री जी से जानना चाहती हूं कि जो जमीन का मामला है, क्या वह एक महीने के अंदर निश्चित हो जाएगा, तय हो जाएगा, क्योंकि जब तक जमीन नहीं होगी, तब तक भवन कैसे बनेगा? आज राजस्थान में फिल्म स्टूडियोज वगैरह के लिए काफी जमीनें अवेलेबल हैं, उन्हें जमीनें दी जा रही हैं, फिर यह तो ''एम्स'' अस्पताल जैसा मुद्दा है। मैं मंत्री जी से जानना चाहती हूं कि क्या वे राज्य सरकार को कोई टाइम फ्रेम देंगे कि वह इतने समय के अंदर जमीन सुनिश्चित करके बताए ताकि निर्माण कार्य आरंभ हो सके।

DR. ANBUMANI RAMDOSS: I did not say within one month. I said within a couple of months or within a few months we will start. The case is pending before the court. We are trying our best to get land and solve the problem amicably. There are three parties involved in this. We are talking to all the three parties and we will settle the issue.

डा॰ प्रभा ठाकुर: सभापति जी, फ्यू मंथ्स तो गोलमोल जवाब हुआ। फ्यू मंथ्स का मतलब दस महीने, बारह महीने, चौबीस महीने कुछ भी हो सकता है। ...(**व्यवधान**)...

श्री सभापति: गोलमोल जवाब से भी यह हॉस्पिटल बन जाए तो अच्छा है।

डा॰ प्रभा ठाकुर: सभापति जी, मैं एक बात जानना चाहती हूं कि क्या मंत्री जी ...(**व्यवधान**)... राज्य सरकार को कोई टाइम फ्रेम देंगे? मैं चाहती हूं कि आप भी अपनी तरफ से इस बारे में कहें। क्या ये कोई समय निश्चित करके बताएंगे कि इतने महीने के अंदर ...(**व्यवधान**)...राज्य सरकार ...(**व्यवधान**)... जमीन दे, ताकि यह कार्य आरंभ हो सके ...(**व्यवधान**)...

श्री सभापति: ठीक है।

डा॰ नारायण सिंह मानकलाव: सभापति जी, यह परियोजना पूर्ववर्ती सरकार द्वारा प्रारंभ की गई थी। उस दौरान सेंट्रल एरिड जोन, जिसे ''काजरी'' कहते हैं, वहां पर इसका शिलान्यास हो गया था। सारी जमीन फाइनल हो चुकी थी। इसके वापस रीओपन होने का कारण समझ में नहीं आता। कहीं ऐसा तो नहीं है कि पूर्ववर्ती सरकार के प्रति कोई पूर्वाग्रह हो और उस पूर्वाग्रह के चलते इसमें संबंधित मंत्रालय कुछ विलम्ब कर रहा है? मंत्री जी, कृपया इसका स्पष्टीकरण दें।

श्रीमती सुषमा स्वराज: सभापति जी, मंत्री महोदय ने जो लिखित जवाब दिया है, उसमें कहा है 'The requisite land for proposed AIIMS, Jodhpur, is yet to be made available by the State Government...' ..(*Interruption*)...

श्री मोतिउर रहमान: अस्पताल का क्या हुआ...(व्यवधान)...

श्री सभापति: वही तो पूछ रहे हैं।

श्रीमती सुषमा स्वराज: सभापति जी, यह पूरे देश के लिए है, मंत्री महोदय ने जो जवाब दिया है, उसमें कहा है कि स्टेट गवर्नमेंट ने अभी जमीन अवेलेबल नहीं कराई है। अवेलेबल कराना और ट्रांसफर कराना दो अलग चीजें हैं। राज्य सरकार ने यह अवेलेबल करा दी थी, उसका शिलान्यास हो गया था, जैसा नारायण सिंह जी बता रहे हैं। इस संदर्भ में मैं प्रभा जी को बताना चाहूंगी कि राज्य सरकार ने यह उपलब्ध करा दी थी और उसका शिलान्यास भी हो गया था। मैं हैरान हूं कि यह हस्तांतरित नहीं की गई है। मेरे पास संयोग से आज मंत्री जी का जुलाई, 2004 का और जुलाई, 2005 का भी बयान है। एक 9 जुलाई, 2004 का है और एक 27 जुलाई, 2005 का है। 9 जुलाई, 2004 को उन्होंने यह कहा था कि हम एक्टिवली ट्रांसफर ऑफ लैंड के लिए परस्यू कर रहे हैं, लेकिन 27 जुलाई, 2005 को कह रहे हैं कि अवेलेबल नहीं कराई है। यह मैं आपको 9 जुलाई, 2004 का बयान पढ़कर बताती हूं, 'Land for the proposed AIIMS-like institutions has been handed over to Hospitals Services Consultancy Corporation in four States -- Chhattisgarh, Madhya Pradesh, Orissa and Uttaranchal -- and the construction of boundary wall around these sites is underway. The process of transfer of land to HSCC in Patna and Jodhpur is being actively pursued with the respective State Governments. यहां ट्रांसफर ऑफ लैंड पर परस्यू कर रहे थे और यहां कह रहे हैं कि लैंड अवेलेबल ही नहीं कराई है। इसमें कह रहे हैं...(व्यवधान)...

श्री सभापति: वह कह दिया है।

श्रीमती सुषमा स्वराज: इसमें वह कह रहे हैं कि - The requisite land for proposed AIIMS-like hospital is yet to be made available by the State Government...(*Interruptions*)...

श्री सभापति: उनको जवाब देने का मौका दीजिए ...(व्यवधान)...

श्रीमती सुषमा स्वराज: सभापति महोदय, 9 जुलाई को उन्होंने कहा है। यह लैंड ट्रांसफर नहीं हुई है, लैंड उपलब्ध करा दी गई है लेकिन लैंड ट्रांसफर नहीं हुई है...(व्यवधान)... केन्द्र सरकार एक साल से लैंड ट्रांसफर क्यों नहीं करवा पा रही है ...(व्यवधान)...

AN HON. MEMBER: Sir, the Question House is over ...*(Interruptions)*...

MR. CHAIRMAN: It is a matter of hospital.

DR. ANBUMANI RAMDOSS: Sir, this is a very sensitive issue and everybody is involved in the progressive nature of this work. We want to have this done. The State Government is concerned, the Central Government is concerned, the Ministry concerned and all are working together to provide this land. There has been a case filed in January 2004; a petition was filed in the Court. The State Government and the Central Government filed the counter-affidavit stating that the land should be transferred. We are discussing amongst ourselves and we are going forward on this project. I can give an assurance that we are going forward, and, in the meanwhile, the process of CLEA has been happening...*(Interruptions)*...

श्री दीपांकर मुखर्जी: शिलान्यास कैसे हो गया, जब जमीन हीं नहीं थी तो ...(व्यवधान)... बिना जमीन के शिलान्यास हो गया?

DR. ANBUMANI RAMDOSS: Sir, within the time-frame...*(Interruptions)*...

SHRI DIPANKAR MUKHERJEE: How was the foundation stone laid without the land? *(Interruptions)*... क्या हो रहा है हिंदुस्तान में ...(व्यवधान)...

MR. CHAIRMAN: Question Hour is over ...*(Interruptions)*... Question Hour is over.

WRITTEN ANSWERS TO STARRED QUESTIONS

AIDS patients

*84.SHRI S.S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of AIDS/HIV affected patients, State-wise in the year 2000;

(b) the number of new cases registered, year-wise thereafter till 31st May, 2005;

(c) the details of special drive undertaken, if any, for ascertaining their numbers as well as identifying the affected persons who might be avoiding to come to Government health centres;

(d) the details of NGOs engaged in combating AIDS;

(e) the funds allocated to each, year-wise since 2000-2001;

(f) whether a phenomenal change in the number of HIV/AIDS affected persons was observed in the recent past; and

(g) if so, what could it be attributed to?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) A statement indicating State-wise number of AIDS/HIV affected patients year-wise during the year 2000 and number of new cases registered year-wise, every year, till 31st May, 2005, is enclosed Statements I and II (*see* below).

(c) As per the standard AIDS case definition adopted under the programme, all States/UTs are reporting AIDS cases on a monthly basis to National AIDS Control Organisation. However, as there is high under reporting of cases, we are relying on HIV surveillance mechanism as HIV is the first stage of disease. This enables us to track the course of AIDS epidemic in the country. The National AIDS Control Organization conducts annual round of HIV sentinel surveillance in designated sites all over the country. The data thus collected is used to monitor HIV trends in various risk groups of population over time and in different geographical areas. This set of data is also used to work out estimated number of HIV infections in the country on an annual basis. This process takes care of minimizing the participation bias by the individuals who might be avoiding coming to Government Health Centres. Such bias is taken care by doing the surveillance activities using "unlinked anonymous" methodology and consecutive sampling. This methodology has been recognized as a globally accepted methodology based on the guidelines issued from WHO and UNAIDS from time to time.

(d) and (e) Under the National AIDS Control Programme Phase-II, grants are given to NGOs through the State AIDS Control Societies for undertaking Targeted Interventions addressing mainly the groups at higher risk of contracting HIV infection and to provide care & support services for people living with HIV/AIDS. As on date, 922 NGOs are implementing 965 Targeted Intervention projects among High Risk Groups (HRGs) such as Commercial Sex Workers (CSWs), Injecting Drug Users (IDUs), Men who have sex with men (MSM), Migrant Workers and Street Children

etc. and 58 NGOs are running 60 Community Care Centres (CCCs) across the country. The Funding of NGOs has been decentralized to the respective State AIDS Control Societies (SACS) for which detailed operational and costing guidelines have been provided to them. Based on annual action discussions with the States, the funds are released to respective State AIDS Control Societies for providing financial assistance to NGOs implementing the Targeted Interventions and Community Care Centres. A statement indicating the allocation of funds for NGOs in annual action paln of State AIDS Control Societies (SACS) to undertake Targeted Interventions and Community Care Centres from 2000-01 to 2004-05 is enclosed Statement-III (*see* below). However, the details of NGOs engaged and funds released to each of these NGOs year-wise since 2000-01 are being collected and will be laid on the Table of the House.

(f) and (g) Based on the data received form annual round of HIV sentinel surveillance, it is estimated that there are 5.134 million HIV infections in the country in 2004, as compared to 5.106 million infections in 2003 and 4.58 million in 2002. There is no spurt in the number of cases in the country. There are States like Tamil Nadu where HIV infection has shown signs of sero-stabilisation, while in some States, HIV prevalence has increased. It has been observed that within the States there are pockets of very high HIV prevalence across the country.

Statement-I

Reported number of aids cases (State-Wise) during the year 2000 to 2004 and upto 31st May 2005

Sl. No.	State	Reported in 2000	Reported in 2001	Reported in 2002	Reported in 2003	Reported in 2004	Reported upto 31st May, 2005
1	2	3	4	5	6	7	8
1.	A&N Island	10	5	6	5	0	0
2.	Andhra Pd.	485	732	1085	4123	4155	1191
3.	Arunachal Pd.	0	0	0	0	0	0
4.	Assam	41	47	16	50	13	0
5.	Bihar	38	63	28	9	0	0
6.	Chandigarh	125	183	239	173	218	106

1	2	3	4	5	6	7	8
7.	Chhattisgarh	0	0	0	0	0	0
8.	D & N Haveli	0	0	0	0	0	0
9.	Daman & Diu	0	0	0	0	0	0
10.	Delhi	139	158	106	114	68	6
11.	Goa	13	48	68	174	109	65
12.	Gujarat	350	902	1108	1124	1536	314
13.	Haryana	72	76	53	54	85	59
14.	Himachal Pd.	16	6	40	41	75	24
15.	J & K	0	0	0	0	0	0
16.	Jharkhand	0	0	0	0	0	0
17.	Karnataka	446	541	294	201	222	407
18.	Kerala	225	259	385	626	73	0
19.	Lakshadweep	0	0	0	0	0	0
20.	Madhya Pd.	127	156	156	145	209	40
21.	Maharashtra	1059	2043	3818	5072	4701	657
22.	Manipur	203	286	632	1187	0	0
23.	Meghalaya	0	0	0	0	0	0
24.	Mizoram	3	5	14	18	54	0
25.	Nagaland	51	131	87	84	269	43
26.	Orissa	50	47	15	1	0	0
27.	Pondicherry	0	21	140	0	0	0
28.	Punjab	14	40	59	38	37	0
29.	Rajasthan	136	98	292	266	228	10
30.	Sikkim	0	2	2	2	0	0
31.	Tamil Nadu	4707	7354	9101	7130	15271	3856
32.	Tripura	0	0	5	0	0	0
33.	Uttar Pradesh	47	229	359	339	109	72
34.	Uttaranchal	0	0	0	0	0	0
35.	West Bengal	221	207	969	611	0	0
	TOTAL :	8578	13639	19077	21587	27432	6850

Statement-II

State-wise estimated number of HIV infections—2000—2004

Sl.No.	State/UT	2000	2001	2002	2003	2004
1.	Andhra Pradesh	926708	832992	1184286	1064535	1400718
2.	Karnataka	452936	431000.4	453566.4	580214	610135
3.	Maharashtra	931378	955213.2	822682.8	1089185	1111082
4.	Manipur	54128	48471.6	37873.2	27100	30653
5.	Nagaland	9631	9288	8787.6	14610	20803
6.	Tamil Nadu	482485	544189.2	603801.6	485648	366425
7.	Goa	13411	9885.6	10675.2	8580	15081
8.	Gujarat	161258	153157.2	119824.8	159113	86212
9.	Pondicherry	3137	2385.6	2424	1430	2727
10.	A & N Islands	502	457.2	109.2	1564	873
11.	Arunachal Pd.	2492	2301.6	2346	2479	2093
12.	Assam	38452	44250	44743.2	55895	30443
13.	Bihar	39706	30808.8	89074.8	139186	119837
14.	Chandigarh	5219	6271.2	1580.4	5563	6165
15.	Chhattisgarh	0	28142.4	32967.6	111825	40705
16.	Dadar & Nagar Haveli	274	163.2	162	484	603
17.	Daman & Diu	384	150	249.6	356	624
18.	Delhi	49094	34826.4	44554.8	42465	99243
19.	Haryana	49100	26256	30154.8	40606	43020
20.	Himachal Pd.	15727	8484	4408.8	10375	5648
21.	Jammu & Kashmir	6116	9202.8	21290.4	25639	8621
22.	Jharkhand	0	8898	56779.2	53771	42005
23.	Kerala	88342	26290.8	55280.4	75219	110118
24.	Lakshadweep	324	213.6	217.2	159	126
25.	Madhya Pradesh	53884	65659.2	116745.6	138951	112387
26.	Meghalaya	4739	4617.6	1455 6	3446	3931
27.	Mizoram	3622	3471.6	3466.8	15444	12065
28.	Orissa	40770	36994.8	17920.8	83574	124409
29.	Punjab	61483	30644.4	76219.2	65158	51763
30.	Rajasthan	70280	133945.2	230941.2	184280	99305
31.	Sikkim	845	835.2	271.2	898	961
32.	Tripura	6877	3406.8	6043.2	4020	5144
33.	Uttar Pradesh	89611	324076.8	331345.2	312488	271608
34.	Uttaranchal	0	18028.8	19426.8	16812	13881
35.	West Bengal	201098	140270.4	149511.6	296033	284124
TOTAL (All India) in millions		3.86	3.97	4.58	5.106	5.134

Statement-III

Approved Annual Action Plan of State AIDS Control Societies for Targeted Interventions and Community Care Centres through NGOs

Sl. No.	State	2000-01 (Rs. In Lacs)		2001-02 (Rs. In Lacs)		2002-03 (Rs. In Lacs)		2003-04 (Rs. In Lacs)		2004-05 (Rs. In Lacs)	
		NGO support for TIs	Community Care Centres	NGO support for TIs	Community Care Centres	NGO support for TIs	Community Care Centres	NGO support for TIs	Community Care Centres	NGO support for TIs	Community Care Centres
1	2	3	4	5	6	7	8	9	10	11	12
1.	A & N Island	3.00		25.00		15.82		20.00		35.00	15.00
2.	Ahmedabad	4.00				6.25		170.00	10.00	195.00	20.00
3.	Andhra Pradesh	209.29				151.76	67.40	1000.00	84.00	1100.00	85.00
4.	Arunachal Pradesh	14.10		28.00	45.00	15.51		40.00		50.00	15.00
5.	Assam	48.95		150.00		172.00		225.00	30.00	300.00	30.00
6.	Bihar	8.00		125.00		95.51		100.00	20.00	200.00	20.00
7.	Chandigarh	18.00		40.00		35.00		50.00	10.00	80.00	15.00
8.	Chhattisgarh					40.00		60.00		80.00	20.00
9.	Chennai	7.51		100.00	40.00	95.00	35.00	105.00	45.00	110.00	30.00
10.	D. & N.Haveli	3.00		5.00		8.28		15.00		20.00	15.00
11.	Daman & Diu	3.64		15.00		10.00		15.00		25.00	15.00

12.	Delhi	9.00	155.00		126.18	150.00	45.00	240.00	45.00
13.	Goa	13.00	80.00		57.00	63.00	20.00	75.00	30.00
14.	Gujarat	0.00			38.10	900.00	15.00	850.00	30.00
15.	Haryana	33.00	100.00		110.00	150.00		100.00	20.00
16.	Himachal Pradesh	7.00	45.00		40.00		20.00	85.00	15.00
17.	J & K	15.00	60.00		40.00	30.00		40.00	20.00
18.	Jharkhand		24.00		40.00	50.00		90.00	10.00
19.	Karnataka	109.45	165.00	18.90	165.00	87.65	280.00	100.00	400.00	100.00
20.	Kerala	0.00	50.00		66.58	95.00	40.00	100.00	50.00
21.	Lakshadweep	2.00	10.00		9.00	15.00		15.00	10.00
22.	Madhya Pradesh	45.00	199.80		144.92	180.00	20.00	150.00	20.00
23.	Maharashtra	126.54	300.00	100.00	150.00	75.00	250.00	40.00	300.00	50.00
24.	Mumbai(MC)	49.68	260.00	60.00	200.00	47.00	170.00	47.00	200.00	60.00
25.	Manipur	93.00	250.00	51.00	234.75	112.65	325.00	115.00	380.00	115.00
26.	Meghalaya	5.00	90.00		26.00		35.00		50.00	15.00
27.	Mizoram	41.00	80.00		92.00		115.00	20.00	135.00	15.00

Sl. No.	State	2000-01 (Rs. In Lacs) NGO support for TIs	2000-01 (Rs. In Lacs) Community Care Centres	2001-02 Rs. In Lacs) NGO support for TIs	2001-02 Rs. In Lacs) Community Care Centres	2002-03 (Rs. In Lacs) NGO support for TIs	2002-03 (Rs. In Lacs) Community Care Centres	2003-04 (Rs. In Lacs) NGO support for TIs	2003-04 (Rs. In Lacs) Community Care Centres	2004-05 (Rs. In Lacs) NGO support for TIs	2004-05 (Rs. In Lacs) Community Care Centres
28.	Nagaland	50.00		150.00	30.00	165.00	62.50	170.00	20.00	250.00	50.00
29.	Orissa	0.00				17.00		250.00		220.00	15.00
30.	Pondicherry	3.00		25.00		16.00		20.00	20.00	9.00	15.00
31.	Panjab	43.97				16.00		170.00		150.00	20.00
32.	Rajasthan	4.26		150.00		99.81			20.00	160.00	30.00
33.	Sikkim	3.92		12.50		15.00		25.00		30.00	15.00
34.	Tamil Nadu	335.24		250.00	97.50	400.00	100.00	400.00	100.00	400.00	100.00
35.	Tripura	8.00		42.00		36.00		40.00		40.00	15.00
36.	Uttaranchal			12.50		15.26		50.00		37.00	20.00
37.	Uttar Pradesh	39.00		257.50		259.21		500.00	20.00	400.00	20.00
38.	West Bengal	129.02		100.00		160.00		700.00	35.00	800.00	35.00
	TOTAL:	1484.57		3356.30	442.40	3383.94	587.2	6933.00	896.00	7901.00	1220.00

Disused Rail routes/lines in Tamil Nadu

*86. SHRI T.T.V. DHINAKARAN: Will the Minister of RAILWAYS be pleased to state:

(a) the details of railway routes/lines which are in disuse in Tamil Nadu;

(b) the length of such routes with railway stations on the routes and the numbers of years of disuse of each route;

(c) the reasons for disuse in each case; and

(d) when the recent assessment of each route was done to consider operating trains on these routes?

THE MINISTER OF RAILWAYS (SHRI LALU PRASAD): (a) to (d) The details of rail routes/lines that are in disuse over Tamil Nadu are as under:-

(1) Nidamangalam—Manargudi section having distance of 13 Kms was closed for traffic during 1976. Rajapayam, Chavadi Halt, Hariddhra, Nadhi Halt stations were on this route.

(2) Peralam—Karaikal section having distance of 23.10 Kms was closed for traffic during 1987. Peralam, Ambegarattur, Tirunallur, Koraivovilpattu and Karaikal stations were on this route.

(3) Mayiladuturai—Taragambadi section having distance of 29.35 Kms. was closed for traffic during 1987 Mayilduturai Town, Sembanarkoil, Akkur, Tirukadaiyur, Thillaiyadi, Poraiyar stations were on this route.

(4) Agasthiyampalli—Kodikarai section having distance of 9 Kms was closed for traffic during 1987. There is no station on this section.

In view of the heavy loss every year on these line, a work-study was conducted by Railways which recommended for closure of these sections. The above sections were closed in the respective years mentioned above and permanent way structure were also removed.

Presently reconnaissance Engineering cum traffic survey has been sanctioned for gauge conversion of:

Mayiladuturai-Thirunvarur-Tiruturaipundi-Karaikkudi, and

Tiruturaipundi-Agasthiyampalli.

In addition to above, an Engineering cum Traffic survey has also been sanctioned for construction of a new line between

Mayiladuturai-Tirukadeyur-Tarangambadi-Tirunallar-Karaikkal.

Regarding the remaining two routes, no assessment has been done to consider operating trains on these routes.

"Total Safety" in Railways

*87. SHRI R.F. GOENKA: Will the Minister of RAILWAYS be pleased to state:

(a) whether it is a fact that recently some fresh initiatives have been taken to achieve "total safety" on the Indian Railways; and

(b) if so, the details thereof including specific steps contemplated for addressing the problem of unmanned crossings and fresh guidelines laid down, if any, or machinery established to enforce accountability for the railway accidents caused, especially, due to human failure?

THE MINISTER OF RAILWAYS (SHRI LALU PRASAD): (a) and (b) Safety is accorded the highest priority on Indian Railways and adoption of new measures to improve safety, reduce the number of consequential accidents and resulting fatalities is continuous process.

A drive was recently launched on the Railways to observe a total safety fortnight and to streamline all aspects of safety including maintenance of all assets, availability of essential spares and materials, operation of trains, human failures, inspections and to rectify defects noticed during the drive. The drive involved officers and supervisors of all departments for monitoring the aspects concerning their areas of working.

Necessary action is taken against the staff found directly responsible for the accident or whose action may have led to circumstances

responsible for the accident. The machinery to enforce accountability for railway accidents already exists on the Indian Railways.

One of steps taken to improve the safety at unmanned level crossings is their progressive manning. Railway undertakes the manning of unmanned level crossings based on the criteria/guidelines laid down which includes volume of rail and road traffic moving through level crossing, plying of motor vehicles and visibility criteria. Apart from manning of unmanned level crossings steps are taken to improve basic infrastructure at level crossings, improving road surface, provision of speed breakers/rumble strips on approaches, availability of signboards and publicity to improve safety awareness among road users etc. Train drivers are instructed to whistle continuously while approaching level crossings.

Assistance to Madhya Pradesh for bio-diesel producing seeds

†*88. SHRI PYARELAL KHANDELWAL: Will the Minister of Agriculture be pleased to state:

(a) whether Government of Madhya Pradesh has sent any proposal to the Central Government regarding plantation of bio-diesel producing Ratanjot-Karang seeds for saving foreign exchange;

(b) if so, the details thereof; and

(c) the funds demanded and the amount allocated for the same, so far?

THE MINISTER OF AGRICULTURE (SHRI SHARAD PAWAR): (a) to (c) Several proposals have been received from the Government of Madhya Pradesh regarding plantation of bio-diesel producing plants such as Ratanjot (Jatropha) and Karanja seeds. These include proposals for nursery raising, plantation and research and development. The funds demanded so far amount to Rs. 67437.89 lakh and the funds allocated so far Rs. 351.73 lakh, the details of which are contained in the statement.

† Original notice of the question was received in Hindi.